

FILED MAR 22 1948

Registration District No. **372**Primary Registration District No. **6076**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **MANCHESTER**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
MANCHESTER NURSING HOME SANATORIUM
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 days** (Specify whether:
In this community **5 days**
years, months or days)

3. (a) PRINT

FULL NAME **Charlie Nickolaus**

3. (b) If veteran,

name war

3. (c) Social Security No.

488-10-4061

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive **1881** years
7. Birth date of deceased **MARCH 22 - 1881**
(Month) (Day) (Year)

8. AGE: Years **66** Months **11** Days **18** If less than one day
hr. min.

9. Birthplace **St. Louis, Missouri** (City, town, or county) (State or foreign country)10. Usual occupation **RETIRED**11. Industry or business **BELL TELEPHONE Co**12. Name **Wickman**

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant **MARIAN NICKOLAUS**(b) Address **3819 WILMINGTON AVE**17. (a) **BURIAL** (Burial, cremation, or removal)(b) Date thereof **3-15-1948** (Month) (Day) (Year)(c) Place: burial or cremation **ST. PETER and PAUL CEMETERY**18. (a) Signature of funeral director **3819 WILMINGTON AVE**(b) Address **6409 GRANDVIEW AVE**19. (a) **3-14-48** (Date received local registrar)(b) **Paul R. Haydon** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **3819 WILMINGTON** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **11** year **1948** hour **1:30** minute **P** M.

21. I hereby certify that I attended the deceased from **Mar 7** to **Mar 11**, 19**48**.
that I last saw him alive on **Mar 11**, 19**48**, and that death occurred on the date and hour stated above.

Duration

Immediate cause of death **Cerebral hemorrhage sudden**Due to **Chr. Myocarditis**Due to **Cerebral arteriosclerosis**Due to **Previous Rt. Hemiplegia 7 years ago**Other conditions **932**

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work? (e) Means of injury

23. Signature **W. H. Penny** (M. D. or other)Address **Creve Coeur, Mo 6313-48**

JUN 9 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
..... Registered Apprentice No.....
working under my personal supervision.

Signed.....

Gona M. Fritz

Licensed Embalmer No.....

3082

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. April
1948
Registrar's No. 690

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Manchester
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether)
In this community
years, months or days

3. (a) PRINT FULL NAME

Charles Nicholas

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex m

5. Color or
race w

6. (a) Single, widowed, married,
divorced wid

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive

7. Birth date of deceased

March 22 1888
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

66

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

Unknown

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

Unknown

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March
year 1948 hour 11 minute 11 M.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.
Immediate cause of death

Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
(c) Means of injury

23. Signature (M. D. or other)

Address Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

S-11098